ORDER FOR SUPPLIES AND SERVICES				REQUISITION/REFERENCE NUMB 000000AA					MBER	PAGE OF PAGES 1 4																			
1. DATE OF ORDER					3. CONTRACT NUMBE				R 4. PC			PDN NUMBER																	
08/16/2021 06:30:48 PM EDT	0105	47QTCK18D0049)49																								
FLAUD		OUNTING		PPROP		N DATA		0/5 00			E) (———																
FOR FUND FUNCTION CODE COVERNMENT 285F AF151			B/A CODE AA20		CC-A			C/E CODE H08			FY		REGION																
GOVERNIVIENT			ORG		CODE		W/ITEM			PRT./CF	PET																		
USE CC-B ONLY	PROJ./PROS N	25				A000		VV/11 LIV			111111111111111111111111111111111111111																		
6. TO: CONTRACTOR (Name, address and zip coo		e)								7 TVPI	YPE OF ORDER																		
ENTERPRISE INFORMATION SERVICES, LLC 1945 OLD GALLOWS RD STE						VIENNA,	ŀ	A. PURCHASE																					
Virginia 22182-3996 United States (703) 749-0006								Please furnish the following on the terms and conditions specified																					
								on the order and he attached sheets, if any, including delivery as indicated by the conditions of the above numbered contract.																					
															8A. Data Universal Numbering System (DUNS) Number 8B. Taxpayer Identification Nu										ASK ORDER (For Services)				
															9A. BUSINESS CLASSIFICATION								This task order is issued subject to the terms and conditions of the above numbered contract.					a conditions	
															9A. BUSINESS CLASSIFICATION						D. MODIFICATION NUMBER				R AUTHORITY FOR ISSUING				
Subcontinent Asian (Asian-Indian	n) American Ov	vned						P00000																					
Cassonarion / Siari / Joint Indian / Anonoan Owned								Except as provided herein, all terms and conditions of he original order, as heretofore men ioned, remain unchanged.																					
									9B. START DATE: 08/17/2021																				
								9C. COMPLETION DATE: 08/16/2022																					
10. ISSU NG OFFICE (Address, Zip Code, and Telephone Number) 11. REMITTANCE ADDRESS (MANDATOF							,	12. SHIP TO (Consignee Address, Zip Code and Telephone Number)																					
401 W. Peachtree Street NW Suite 2700 Atlanta, Georgia 30308 United States Erin B Taylor (6) (6) LLC 1945 OLD GALLOWS RD							,	513TH MI BDE Tamara A Tetradze RESOURCE MANAGEMENT OFFICE FT GORDON, Georgia 3090																					
erin.b.taylor@gsa.gov	in B raylor			rginia 221			,0	United States (b) (6)																					
		Stat	ites																										
13. PLACE OF INSPECTION AND A	CCEPTANCE					14. REQU	JISITION	OFFIC	E (Name,	Symbol a	and Telep	hone Numb	er)																
Tamara A Tetradze RESOURCE MANAGEMENT OFFICE FORT GOR Georgia 30905 United States (b) (6)									S Region 04 401 W. Peachtree Street NW Suite 2700																				
								gia 30308 United States Erin B Taylor (b) (6) erin.																					
						b.taylor@	⊉gsa.g	ov																					
15. F.O.B. POINT 16. GO			OVERNMENT B/L NUMBER			17. DELIV	ERY F.	O.B. POINT		18.	18. PAYMENT/DISCOUNT TERMS																		
Destination					08/16/2022			Ne		et 30 Days / 0% 0 Days																			
				19. SC	HEDL	JLE																							
ITEM NUMBER SUPPLIES OR SERVICES									TITY UNIT UNIT			DDIOE AMOUNT																	
ITEM NUMBER (A)	SUPF	PLIES OR (B)		5		QUANT ORDER	ED (D)	UNIT PF (E)	RICE	^	MOUNT (F)																	
							(C)					+																	
	See Cor	ntinuation Pa																											
20. RECEIVING OFFICE (Name, Syr	mbol and Telepho	ne Number)								TOTAL																			
513TH MI BDE (706) 791-1060										FROM		}																	
21. MAIL INVOICE TO: (Electronic Invoice Preferred)				22. GROSS SHIP WEIGHT					i	300-A(s)	$\overline{}$	1																	
General Services Administration (FUND) The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov),navigating to the appropriate award, and creating the invoice for that award. For additional assistance										GRAND TOTAL		\$3, 0	77,393.29																
					23. SHIPPING POINT							I																	
					See Block 6																								
contact the ASSIST Helpdesk at 877- directly to the GSA Finance Center (r		24A. FOR INQUIRIES REGARDING PATMENT COI						TACT:																					
submission).				KC Finance Accounts Payable						1-800-676-3690																			
25A. NAME AND TITLE OF OFFEROR/CONTRACTOR Vined Goval					26A. UNITED STATES OF AMERICA <i>(NAME OF COI</i> Tara S Odom					NTRACTI	NG/ORD	ERING OFF	FICER)																
Vinod Goyal Ta 25B. SIGNATURE 25C. DATE SIGNED					lara S Odom 26B. SIGNATURE 26C. DATE SI						DATE SIC	NED																	
				9:31 PM EDT Tara S Odom								08/16/2021 06:30:48 PM EDT																	